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7590 10/06/2004

HOLLY D. KOZLOWSKI
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1900 CHEMED CENTER
255 EAST FIFTH STREET
CINCINNATI, OH 45202
01/12/2005 STEUMEL2 00000023 09839171

01 FC:1501 1400.00 OP
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Bonnie S. Gerwe

(Depositor's name)

January 6, 2005

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/839,171	04/23/2001	Birger Hjertman	0151/00222	6719

TITLE OF INVENTION: DELIVERY DEVICE AND METHOD FOR ITS OPERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	XXXX \$1400	\$300	XXXX \$1700	01/06/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
MONBLEAU, DAVIENNE N		2878		250-341100	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Dinsmore & Shohl, LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pharmacia AB

Stockholm, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Holly D. Kozlowski

Date January 6, 2005

Typed or printed name Holly D. Kozlowski

Registration No. 30,468

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